AmeriCorps National Direct Funding Request Chart

apply toward the average cost per full-time

☐ No

equivalent AmeriCorps member:

Yes

Prepare an overview page summarizing funding requests for all operating sites and the Parent Organization. This should be a one-page chart that follows the order and format included on the recommended format below.

Program Cycle: • 2000-03 • 2001-0 Date of Submission:	4 0	2002-05 Year of first AmeriCorps	s funding for thi	s program:				
Operating Site Name City County Served	State	Corporation Funds/Match Funds	Number of AmeriCorps Positions with Corporation Living Allowance			Number of AmeriCorps Positions without Corporation Living Allowance		
			Full-time	1 Year Part-time	Reduced Part-time	Full-time	1 Year Part-time	Reduced Part-time
Sample: ABC AmeriCorps Baltimore Dade County	WI	\$100,000/\$50,000	25	22	17			
1.								
2.								
3.								
4.								
5.								
Operating Site Subtotal:								
Parent Organization Funding Request:								
TOTAL								
Please indicate intention to apply for	If "Yes", please provide approximate numbers of full-time equivalent AmeriCorps members and funding request:							

)MB Control No.: 3045-0047 Expiration Date: 2/28/03

Funding request:

Full-time Equivalent AmeriCorps members: